Alaska Permanent Fund Dividend

2023 Application by Disabled Adult



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- This application may be filed only by or for an adult who was disabled on March 31, 2023 and did not file an application during the filing period.
- Application must be filed after March 31, 2023 and postmarked or received by the PFD Division by March 31, 2024.
- If you are filing for a disabled adult, attach documentation showing you are an authorized representative

•	Attach completed Licensed Health Care Provider's Certification			n to this application.
SOCIAL SECURITY NUMBER			DAT	E OF BIRTH FEMALE
Fai	lure to provide a valid SSN will subject this dividend to 24% backup with	holding b	by the IRS	Month Day Year
AP	PPLICANT'S FIRST NAME M.I. LAS	T NAM	E	
M/	AILING ADDRESS	AP	T #	CITY STATE ZIP CODE
ST	REET OR PHYSICAL ADDRESS (REQUIRED BY LAW, NO PO B	OXES C	HECK HE	RE I I SAME AS MAILING
<u> </u>	TEET ON THIS IS A PORTE OF TREE OF THE PROPERTY OF THE	DALO, O	TIEOR TIE	TO AME AS MALENTS
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DA /	AYTIME TELEPHONE MESSAGE TELEPHONE	E-N	IAIL AD	DRESS
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S	Shade circles like this: Not like this:			
1.	Did the applicant receive a 2022 dividend? Answer YES	YES	NO	List one adult Alaska resident who can verify the adult's residency
	even if the dividend was assigned or garnisheed. If NO, complete Question 11 on the back of this form AND	0	\circ	Full Name
	attach a completed Adult Supplemental Schedule.			Mailing Address
2.	Is the applicant physically present in Alaska today? If	YES	NO	Mailing Address
	NO, complete Question 8 on the back of this form and	0	0	City, State, Zip Code Daytime Phone #
	attach Parts B & C of the Adult Supplemental Schedule.			
	onedure.			Read the Following Statements and Sign Below
	BSENCES- Failure to disclose reportable absences			NOTE: "Date of application" means the date on which an application for a
	nstitutes fraud.			dividend is timely iled or delivered per 15 AAC 23.993 (b)(1) & (2).
3.	A. During 2022, was the applicant gone from Alaska more than 90 days total?	YES	NO	I certify that on the date of application, the adult named on this
	If YES, complete Question 8 on the back of	0	O	application:Is now and intends to remain an Alaska resident indefinitely.
	this form AND attach Parts B & C of the Adult			Has not claimed residency in another state, territory, or country.
	Supplemental Schedule.			Was an Alaska resident for all of 2022. Was a physically present in the state of Alaska for at least.
	B. During 2022 was the applicant gone from Alaska more than 180 days total?	YES	NO	 Was physically present in the state of Alaska for at least 72 consecutive hours in 2021 or 2022.
	If YES, complete Questions 8 through 10 on the	O	O	I understand that if what I say is not true, it is a criminal offense and if
	back of this form AND attach Parts B & C of the			I am convicted, in addition to any criminal penalties:
	Adult Supplemental Schedule.			I will lose this and all future dividends.I will be required to pay back all dividends I have been paid.
4.	Is the applicant a United States citizen? If U.S. National	YES	NO	I understand that if I deliberately misrepresent or recklessly
	non-naturalized choose NO and complete Question 13.	0	0	disregard a fact, I am liable for civil penalties:
5	If NO, complete Questions 12 and 13 on the back of this form. At any time since December 31, 2021, was the applicant	YES	NO	 I could lose this dividend and my next five dividends. I may have to pay a fine of up to \$3,000.
٥.	on active duty as a member of the U.S. Armed Forces or	0	0	Release of Information: I authorize the release of confidential records to
	activated as a member of the U.S. Guard or Reserve? Civilians, non-activated Alaska National Guard members			the Alaska Department of Revenue necessary to verify my eligibility for
	and Alaska Reservists answer NO.			the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or
6	Do you want to place 50% of the applicant's dividend in	YES	NO	other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, the Alaska Department of Health
•	the Alaska 529 plan? (formerly UA College Savings Plan)	\circ	\bigcirc	(DOH), Division of Public Assistance and the Alaska Department of Family
7.	A. Do you want your dividend deposited directly into	YES	NO	and Community Services (DFCS), Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes,
•	your bank account? If YES, deposit into:	0	\circ	employment, education, or public assistance benefits. I understand that
	B. Same account as last year OR			this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original
	C. New account listed below	_		I certify that the information I am supplying on and with this form is
FII		Accour Select		true and correct.
L		_	,	Your Signature Date
Fir	nancial Institution Routing Number	∫ Cheo ∫ Savii	•	
		Juvii	90	By submitting this application with or without signature the applicant
Ac	count Number			is consenting to registration with the U.S. Selective Service System, if
				so required by law.
		_		Voluntary Veteran's Information can be provided on the back of this form.

APPLICANT'S NAME (First, MI, Last)						

Read Each Question Carefully.

Answer Question 8 if you answered NO to Question 2 or YES to Questions 3A or 3B.

8. If the applicant left before January 1, 2022, enter the date the applicant actually departed. List all dates the applicant was absent from Alaska in 2022 through the date of this application. If the applicant is still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence codes are detailed below. If the applicant had more absences than the number of lines provided below, list on an attachment.

Code	Absence Begin Date	Absence Er	nd Date	Why was the applicant absent?	
(A-R)	Month - Day -	Year	Month - Day - Ye	ar	

Absence Codes

- A. Accompanied an eligible Alaska resident as the resident's spouse or disabled dependent. Complete Question 11.
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). Download the Education Verification form at www.pfd.alaska.gov. See Q for secondary education.
- C. Served as a member of the U.S. Armed Forces. Attach a copy of the applicant's orders.
- D. Received continuous medical treatment under a physician's care. Download the Medical Treatment Verification form at www.pfd. alaska.gov.
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. Attach proof.
- **G.** Trained or competed as a member of the U.S. Olympic team. Attach proof.
- **H.** As a requirement of employment by the State of Alaska.
- Other reasons, including business or vacation. Attach explanation.
- J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- M. Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- N. Provided care for a terminally ill family member. Download the Physician's Statement for Terminally III Care form at www.pfd. alaska.gov.
- **P.** Employed aboard a vessel of the U.S. Merchant Marine.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). Download the Education Verification form at www.pfd.alaska.gov. See B for postsecondary education.
- R. Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach Proof.
- **S.** Permanently relocated outside Alaska.

Answer Questions 9 and 10 if you answered YES to 3B.

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for at least 180 days? If YES, list the dates of that most recent period before the first absence listed in Question 8.	()	
From (Month-Day-Year) Through (Month-Day-Year)	
10 . Was the applicant in Alaska for at least 72 consecutive hours during 2021 or 2022 <i>If YES, when was the applicant most recently in Alaska?</i>	YES	NO O
2021 2022 Attach documentation showing t	he	

Answer Question 11 if you answered NO to Question 1.

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1.	separate application if applyi	
	First Name M.I.	Last Name
	Spouse's Social Security Nu	mber
	Spouse's Date of Birth (Mo	nth-Day-Year)

Answer Questions 12 & 13 if you answered NO to Question 4. 12. What is your alien registration number and PRC expiration?

	Α-			EXPIRATION DATE (mm/dd/yyyy)
	What Resid		migration s	tatus on December 31, 2021 COFA
\bigcirc	Refug	gee	○U.S. N	National (non-naturalized)
0	Visa	VISA TYPE		EXPIRATION DATE (mm/dd/yyyyy) /

If this is the first time you are applying for a dividend, attach a copy of the front and back of your visa or alien registration card.

Veterans Information

Note: Providing this information is voluntary. By participating in this program we will release your name, address, branch and dates of service to the Dept. of Military and Veterans Affairs, who will release it to veterans service organizations. These organizations are not required to keep your information confidential.

keep your information confidential.					
Service branch?	Army Air Force Coast Guard Marines Alaska Territorial Guard Navy				
Dates of service?					

Alaska Department of Revenue Permanent Fund Dividend Division Licensed Health Care Provider Certification of Disability

PFD Division Use Only	
20230	

In order for the Department of Revenue to complete the processing of your 2023 Disabled Permanent Fund Dividend (PFD) application, you must have a licensed health care provider complete the information below. You must sign the release before you give it to your health care provider. Send this completed form **with your application** to the address below.

Applicant Printed Name					Daytime Telephone Number
, into traino					Dayamo rolophone rumbol
Social Security Number	Date of B	irth			Message Telephone Number
Mailing Address Em				Email Ad	<u> </u> ddress
City			State	Zip Code	9
I was disabled on March 31, 2023 to release information regarding my d					listed below
Signature of Patient (Applicant)				Date	

For purposes of this statement, "disabled" means physically or mentally unable to complete and sign a (Permanent Fund Dividend) application due to a serious emotional disturbance, visual, orthopedic, or other health impairment, or developmental disability that is attributable to intellectual disability, cerebral palsy, epilepsy, autism or other cause. Disabled does not mean incompetent. (AS 43.23.095(2))

This is to certify that the patient (applicant) named above is a patient of mine. I certify that the patient was disabled, as defined above, **on March 31, 2023** and that as a result of the disability the patient was unable to timely file a 2023 Permanent Fund Dividend application by March 31, 2023.

Signature of Licensed Health Care Provider	Date				
Signature of Licensed Fleatur Care Flovider	Date				
Printed Name of Licensed Health Care Provider					
Mailian Addana af Lianna d Haalth Cana Davidan	Talankana Nimakan				
Mailing Address of Licensed Health Care Provider	Telephone Number				
City, State, Zip Code					
Briefly describe condition of patient on March 31, 2023:					

Send this completed form to: Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110462
Juneau, Alaska 99811-0462

14315 (Rev. 6/14) Confidential

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